

Week Ending: _____

Supplemental Page to Work Search Log

DATE MO/DA/YR	EMPLOYER(s) CONTACTED Write Employer name and address below.	METHOD OF CONTACT	TYPE OF WORK SOUGHT	RESULTS
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			
	Name: Street: City/Town: State: Phone:			

Indicate any other activities you did to find employment.

I HEREBY CERTIFY ALL INFORMATION PROVIDED ON THIS FORM REGARDING MY WORK SEARCH EFFORTS IS TRUE AND ACCURATE. I UNDERSTAND THERE ARE PENALTIES FOR WILLFULLY PROVIDING FALSE INFORMATION.

Claimant Name (Printed)

Claimant Signature

SSN

Today's Date

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Supplemental Page to Work Search Log

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Today's Date

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